

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**(319) 305-5403**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51					
2	/	/					52					
3	2	/					53					
4	(1)						54					
5	(1)						55					
6	(1)						56					
7	(1)						57					
8	(1)						58					
9	(1)						59					
10	(1)						60					
11	(1)						61					
12	(1)						62					
13	(1)						63					
14	(1)						64					
15	(1)						65					
16	(1)						66					
17	(1)						67					
18	(1)						68					
19	(1)						69					
20	(1)						70					
21	(1)						71					
22	(1)						72					
23	(1)						73					
24	(1)						74					
25	(1)						75					
26	(1)						76					
27	(1)						77					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					